

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-375)

09/70/140

FILED DATE

APPLICANT(S)

09/70/140

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS					
IND.	DEP.	IND.	DEP.	IND.	DEP.	A		B		C	
						IND.	DEP.	IND.	DEP.	IND.	DEP.
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50											
TOTAL IND.	4	1	2	1	1						
TOTAL DEP.	29	8	8	8	8						
TOTAL CLAIMS	33	9	10	9	9						
51											
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TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADJUDICATIONS